## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Guo-Hua Zheng

Art Unit

: 1761

Filed

Serial No.: 10/817,643 : April 2, 2004

Docket

Examiner: Thuy Tran Lien : CGL02/0474US01 -

17662.002US1

Title

: Dietary Fiber Containing Materials Comprising Low Molecular Weight Glucan

## **STATEMENT UNDER 35 U.S.C. § 1.137(b)(3)**

The entire delay in filing the required reply from the due date of the reply until the filing of a grantable petition pursuant to this paragraph was unintentional.

Please contact Applicant's Representative at the below-listed telephone number if there are any questions regarding this Statement or if prosecution of this application may be assisted thereby. If necessary, please charge any additional fees or credit overpayment to Deposit Account No. 50-3503.

Respectfully submitted,

Guo-Hua Zheng et al.

By Representatives,

Viksnins Harris & Padys PLLP **Customer Number 53137** PO Box 111098

St. Paul, MN 55111-1098 (952) 876-4091

Date: September 29, 2008

By: Ann S. Viksnins

Reg. No. 37,748

10817643

CERTIFICATE: I hereby certify that this correspondence is being transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents; P.O. Box 1450, Alexandria, VA 22313-1450, on this 29 day of September, 2008.

Michelle McCullough

Name

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 1-30-07 2 Serial/Patent # 10 817643					
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time			•	92908	\$ 1.050
Notice of Appeal/Appeal					\$ J
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.					\$
Maintenance					\$
Assignment			•		\$
Other					\$
		7 TOTAL AMOUNT \$ 1,050			\$ 1,050
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment		, 50-3503			
No Fee Due (Explanation):					
Extension not reciseren.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Karen Creasy		<del></del>	т	ITLE:F	Petitions Examiner
SIGNATURE: /Karen Creasy/			P	HONE:	2-3208
OFFICE: Petitions					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577 (01/90)